DEVELOPING AN EMERGENCY RESPONSE PLAN FOR YOUR SCHOOL

GUIDELINES

Compiled by the

Massachusetts Statewide
School Emergency Care Planning Council

under the sponsorship of
the Massachusetts School Health Program and
the Emergency Medical Services for Children (EMSC) Project
Massachusetts Department of Public Health

with special contributions from

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Introduction:

The attached guidelines are the result of two year's work by the School Emergency Care Planning Council, a statewide group of school nurses, paramedics and staff from the Massachusetts Department of Public Health School Health Program and the EMSC Project. Special assistance was provided by Mary Ann Ferrisi and Cynthia O'Hare.

The goal of the Council has been to provide Massachusetts schools with guidelines to use in emergency planning for their school communities and should be considered a work in progress. Hopefully, school nurses, physicians and administrators will consider the guidelines as a tool and will use them with a mind toward evaluating and modifying them. EMSC and School Health staff would like to hear from those of you who use the guidelines to develop your emergency plans, so that we might make any needed changes to improve and enhance them.

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Developing an Emergency Response Plan for Your School

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I. Introduction

Do you need an Emergency Response Plan in your school? Are you wondering how to get started? Maybe you have a plan already and you're trying to figure out if you have covered all your bases. These guidelines will list the components of a school Emergency Response Plan and give you some suggestions on how to organize your planning process.

Before going into the details of emergency planning, here are a few basic "operating principles" that should assist you in your thinking about this subject.

- ***Aim for strong school and community <u>partnerships</u> in your short-term and long-term planning.***

Your ultimate goal is to be well enough prepared for emergencies to protect the students and staff in your school. In the process of getting to that goal, you will want to become an active member of your community's health and public safety teams.

Once you decide to work on emergency planning, look for at least one other staff member in your school who is interested in this effort and who agree to work with you as a partner. Emergency planning has many components and many obstacles to overcome. If you try to do it all on your own, it could well prove to be an insurmountable challenge and not have the results you intend. And don't forget: at some point, early in the planning process, you should involve your school administrator.

- ***Practice <u>prevention</u> by conducting regular needs assessments and evaluations of school safety.***

What should you assess? Equipment safety, building and grounds safety, first aid supplies, communication equipment, security, and the number of staff trained in first aid and CPR – for starters. Remember: emergency readiness is a moving target. You need to review it on a regular, periodic basis and expect that things will change.

The school nurse and other responsible staff in the school can assist in preventing intentional violence and suicide by becoming well acquainted with the warning signs and developing protocols for response to these signs when they occur.

- ***Develop response competence of school personnel and students through education, regular training and drills.***

How ready is your school to respond to an emergency if you, the nurse, are not there? How ready is your school to respond to an emergency if the principal or administrator is not there? Is there an assigned designee who knows all the protocols for safety? Do you have a clear idea of who else in your school is trained in first aid and CPR and what needs to be done in order to enhance that level of readiness?

- ***Think about strengthening access to emergency services and management of the emergency scene until help arrives.***

Communication equipment at clearly marked, well-known locations, as well as maps or floor plans, will greatly improve access to other trained personnel in the school and to EMS providers. If trained personnel carry beepers, walkie-talkies or cell phones, access to help will be improved even further. Finally, accurate student information and individualized health plans will enhance the efficiency of the EMS response.

A. Components of Emergency Planning

1. *Recognition* that emergencies can happen at any time in any place
2. *Support of school administration* for emergency planning, through allocation of staff time and school resources
3. *Involvement of all stakeholders*: EMS, administrators, school nurses, school physicians, school staff, parents
4. *Adequately first aid- trained personnel* in the school at all times and knowledge of where they are located
5. *Assigned roles* for responsible persons
6. *Availability* of appropriate and serviceable *equipment and supplies*
7. *Adequate* and serviceable *communication* systems, e.g. dedicated telephone line, beepers, pagers, bullhorn, 2-way radios
8. *Injury prevention* awareness/enhancement
9. *Protocols* for specific injuries and illnesses disseminated and posted
10. For each student a *signed emergency card* (samples are available) which is available in an emergency and includes parent/guardian location, consent for treatment, special health care needs and medications, medical and dental providers
11. Adequate *security* – building-specific, system-wide
12. Multiple casualty incident *(MCI) plan*
13. A method for incident *reporting* and documentation
14. *Legal and insurance* concerns addressed; all plans should be reviewed by the school system's legal counsel.

B. Process, or Steps, for Emergency Plan Development

1. Approach school administration.
2. Invite a group of stakeholders to participate; make sure that EMS is at the table. Organize the initial meeting and form an Emergency Response Team (ERT)
3. Perform an emergency readiness needs assessment; have a school walk-through.

4. Draft the Emergency Plan

- Development or acquisition of protocols
- Individual health care plans
- Forms
- Development of communication plan

- Development of MCI plan and emergency drills

5. Distribute and maintain the plan; debrief and evaluate after all incidents
6. Develop training program goals and organize staff “bystander” training

C. Combining the Components and the Process: A Table of Contents

1. Approaching administration

- Finding a partner in the school
- Recognition by school administration that emergencies can happen any time, any place
- Support of school administration for emergency planning, through allocation of time and resources

2. Initial meeting and formation of Emergency Response Team (ERT)

-Inclusion of all stakeholders

3. Readiness and needs assessment – School walk-through

- Injury prevention awareness/enhancement – How safe is the school?
- Are appropriate and serviceable equipment and supplies available?
- Are there adequate and serviceable communication systems, e.g. dedicated telephone line, beepers, pagers, bullhorn, 2-way radios
- Is security adequate and are security personnel trained to respond?

4. Drafting the Emergency Plan

- Development or acquisition of protocols for your most common injuries and potentially emergent illnesses.
- All children with special health care needs should have care plans.

- There should be a signed emergency card for each student, which includes
    a) parent/guardian location
    b) consent for treatment
    c) medications
    d) special health concerns
- Development of communication plan, including adequate and serviceable communication systems
- Develop an MCI plan
    a) Involve your community's public safety officials in the planning.
    b) Have a plan for dealing with the public and the media.
    c) Make sure your communication system is ready.
    d) Plan, carry out and evaluate drills

5. Distribute and maintain the plan. Debrief after emergencies and evaluate your plan
6. Set goals for school and staff "bystander" training and develop a training program (guidelines for training are attached as a separate document)
7. Make sure that there are adequately trained personnel in the school at all times and know where they're located. Responsible persons should have assigned roles in an emergency.

II. Approaching Administration

It is critical to have the support of your school's administration at the beginning of your planning process. Approach your administrator with some background prepared on why you think it is necessary to develop an emergency plan for the school. Emphasize the need for EMS involvement so as to ensure that their response in an emergency is quick and efficient. Suggest others whom you believe should be involved and ask your administrator to appoint someone from administration who will join the Emergency Response Team and be at every meeting to insure the appropriateness of the plan and follow-through on the plan's implementation.

III. The Emergency Response Team (ERT)

A. What Is the Purpose of an ERT?

Developing and implementing a school-wide emergency plan requires collaborative planning and decision making by a well-organized team. It is recommended that every school have **two Emergency Response Teams**: one to meet the emergency needs that may occur during **the school day** and a second for after-school hours, when students, faculty and visitors are participating in **after-school activities**. If resources are not available for two teams, the ERT should address the issue of coverage when formulating the plan. The ERT should convene at the beginning of the school year and have scheduled planning and evaluation meetings two to four times throughout the school year.

B. ERT Tasks:

1. Identify roles of all of the individuals and agencies involved in providing emergency care to the school community.
2. Determine the resources available to the school to prevent and respond to an emergency.
3. Develop policies and procedures for individual and group emergencies in the school.
4. Debrief school officials after an emergency and periodically evaluate the emergency plan's effectiveness.

C. ERT Members and Their Roles:

<u>Suggested ERT Membership:</u>

School nurses and school-based health center nurse practitioners
School physicians
Administrators
EMS
Counselors
Teachers
Coaches and Athletic Directors
Secretaries
Custodians
Students (high school age)
Parents
Community hospital representatives
Primary care physicians
Public safety representatives

Member Roles:

1. The **school nurses and nurse practitioners** are the most critical members of the ERT and should be the first responders to the scene when an emergency is recognized. It is expected that the nurses are the most clinically prepared responders in the school setting, and they should be designated as the ones to remain at the scene of the emergency to provide immediate clinical intervention and take control of the situation.
2. **School physicians** should provide medical direction and assistance in protocol development and in evaluating the school's response after an emergency has occurred.
3. **School administrators, counselors, teachers and students** can activate the emergency plan, provide initial "bystander" care (if trained) and crowd control, notify EMS, greet and direct EMS to designated areas, assist the nurse, alert school officials, and notify parents.
4. **EMS** providers will be responsible for providing basic or advanced life support, scene safety, and transport of patients to an appropriate heath care facility. Their role is defined by state law.
5. **Public safety officials** can help the school plan for multi-casualty incidents (MCIs). Each town should have a plan for MCIs that should include schools.
6. **Community hospital representatives** can help a school understand the resources available at the hospital in case of an emergency and can themselves benefit from understanding the resources and needs of the school, particularly if there are students with complex medical conditions.
7. **Primary care physicians** are an important link in providing follow-up after an emergency.
8. **Parents** offer an important perspective in the emergency planning process and can provide critical help in educating other parents about their role in school emergency readiness. Parents are generally strong supporters of any student health and safety initiatives undertaken by the school.

D. ERT Facilitator:

At the beginning of each school year, an **emergency facilitator** for the school should be selected from the ERT by team members. The facilitator would be someone who is willing and able to:

1. coordinate the emergency plan;
2. send questionnaires to all staff members to determine their interest and levels of training;
3. coordinate ERT meetings and maintain files;
4. conduct community outreach when needed; and
5. plan and schedule training programs.

IV. Readiness and Needs Assessment

A. Injury Prevention in the School

An excellent source of information on injury prevention in schools is a resource guide, *Injuries in the School Environment,"* published by the Children's Safety Network. It can be obtained free of charge by writing or calling: Children's Safety Network
Education Development Center, Inc.
55 Chapel St.
Newton, MA 02458-1060 Tel. (617) 969-7100, ext. 2207

Another good source of valuable material on intentional and unintentional injury prevention is Chapter 13 of the Massachusetts Department of Public Health *Comprehensive School Health Manual*.

A needs assessment/walk-through can include preventive measures for a number of the most common causes of unintentional and intentional injuries in and around the school.

1. Playground safety: What is the surface material under playground equipment? How well is the playground designed for safety?
2. Classroom safety: Are there sinks with running water in the science laboratories? Are electrical outlets and heating vents free from obstruction?
3. Pedestrian safety: Are there pedestrian-safe areas protected from bus and auto traffic?
4. Fire and burn safety: Are smoke detectors installed and maintained where required? Are there policies for smoke detector maintenance? Are labs and shops equipped to prevent or deal with burns?
5. School bus safety: Have appropriate safe places been designated for pick-up and drop-off?
6. Sports safety: Are playing fields equipped with safe playing surfaces? What is the distance from the playing fields to the school building, and is there adequate access for personnel?
7. Violence prevention: Are their environmental safety measures in place, such as adequate lighting and security? Are faculty members visible during class breaks and lunch?

B. Guidelines for First-Aid Equipment

The school district is responsible for providing adequate first-aid supplies and equipment for all age groups, which should include the items listed below. All designated first-aid providers should be familiar with the location of the equipment and supplies and know how to use them. In addition, portable kits

should be available for field trips and in special hazard areas where emergencies are more likely to occur. (e.g. laboratories, gymnasiums, pools, workshops, auditorium, cafeteria, athletic field).

Of particular importance: Schools should have an order and available epi-pens for administration by the school nurse to those children with undiagnosed life-threatening allergic conditions.

1. Equipment in the Nurse's Office

BP cuff – adult and child sizes
Backboard
Crutches
Kidney and hand basin
Magnifying glass
Otoscope
Penlight, flashlight with batteries
Refrigerator
Sink with serviceable plumbing
Stethoscope
Stretcher
Tweezers
Telephone with an outside line
Wheelchair

2. Supplies in a First Aid Kit

Ace bandage
Adhesive bandages – assorted sizes
Adhesive tape rolls – assorted widths
Alcohol
Antiseptic solution or first-aid cream
Bandage scissors
Blankets
Cervical Collars (several sizes)
Cotton balls
Cotton tipped applicators
Disinfectant solution, EPA approved
Epi-pens
Eye cups, eye flushing bottle
Eye pads
Gauze Pads – sterile and non-sterile, assorted sizes
Gloves (latex)
Gloves (non-latex)
Goggles
Gowns
Hand lotion, petroleum jelly
Ice
Ice bag or other reusable substitute
Liquid soap
Medicine cups
Paper towels, paper cups, facial tissues
Pocket facemask with one-way valve
Rolled gauze bandage – assorted sizes
Sanitary napkins
Splinting materials
Storage containers for cotton balls, tongue blades, etc.
Thermometers
Tongue blades
Triangle bandages and safety pins

C. Communication Plan

Communication is vital: What are the components of good communications and how can they be organized into a system? In the event of an emergency, the first member of the ERT on the scene is responsible for providing for the safety of the patient(s) and preventing further injury. This person will activate the emergency response plan as soon as possible to summon the school nurse or ERT designee (depending on availability) for further assistance and assessment. Methods of activating the emergency

plan should be decided by each individual school, taking into account the technology and personnel available. The possible methods of communication include announcement over the intercom, use of a two-way radio or walkie-talkie, and/or direct telephone communication.

Telephone numbers of, and how to access the health office, principal and specific emergency services (police, fire, EMS, Poison Control) should be posted in every room and be near the telephone or intercom. In addition, treatment protocols for specific injuries and illnesses, as well as instructions on how to activate the emergency plan, should be posted in each room in the school. This information should then be distributed throughout the school, to community providers and parents, with updates added if necessary.

V. Developing the Emergency Plan

A. Protocols

1. Standards of Care For Specific and Common Illnesses or Injuries

Written first-aid procedures and protocols should be:

- Specific and include, as a minimum: asthma, anaphylaxis, fainting, puncture wounds, psychiatric problems, seizure disorders, substance abuse, and wheelchair assistance.
- Consistent with the current protocols of the American Red Cross, American Heart Association, American Nurses Association, and other nationally recognized organizations.
- Developed by ERT members, including the school nurse(s), school physician, other certified staff and school administration.
- Reviewed, signed and dated annually by the school health providers.
- Revised and updated after every emergency.
- Distributed and reviewed by all appropriate school personnel and posted in the health office, classrooms and other areas designated by the school.

2. Transport Protocols

Questions about transport should be raised and answered *before* an emergency occurs and *before* EMS arrives at the school. No ill or injured person should be sent home alone or accompanied by another student. Any decision to transport a patient from school should be well documented in that patient's school medical record. Transport questions to be answered include:

1. Under what conditions can a patient be transported by a family member or designated contact?
2. If EMS is needed, who from the school can accompany the patient to the hospital?
3. What prior arrangements for accompanying the patient need to be made with EMS?
4. Who at the school will confirm the patient's destination with EMS prior to their departure?
5. What school health documents need to accompany the patient when transported?
6. Who notifies the parents/guardians and when?

B. Individual Health Care Plans (IHCP)

An IHCP outlines specific medical, nursing and emergency care needs for an individual student and is usually developed by the school nurse in conjunction with the individual's family, primary care provider and other relevant community health care providers.

It is recommended that each child or adult with special health care needs be identified and have an IHCP that anticipates possible emergency situations. The development of an IHCP is key to providing quality health services and safe accommodations in the school setting. Individuals who need an IHCP may include, but not be limited to, those who are technology-assisted, take medications for existing health problems or are physically or mentally disabled. Make sure that school health staff and local EMS providers are familiar with each IHCP and location of the individual in the school. Confidentiality issues must be addressed, including the extent to which information on the individual can be shared.

The IHCP should include: (see sample forms in the appendix section)

- Name, address and telephone number of physician.
- Specific orders from the primary physician, including any existing DNR order.
- Any current medication being taken.
- Procedures and equipment being used.
- Name, address and telephone number of preferred health care facility (if possible).
- Any additional information which should be considered when providing care.

The IHCP should be a separate health information card included in the individual's regular health file. This information should be reviewed annually with the individual, parents/guardians, spouses, primary health care provider and EMS providers. Any revisions or changes should be dated and added immediately.

C. Do Not Resuscitate (DNR) Orders

While health care providers and others are required to provide emergency care, there are instances when resuscitative care is not wanted. Some patients with medical complications have arranged with their doctors for a DNR order: a doctor's order directing that the individual not be resuscitated in the event of cardiac or respiratory arrest. It is important if an individual has a DNR order that it be on file, verified and honored according to the State Office of EMS protocols.[1] The health care staff and school administration are responsible for verification and for providing palliative care measures in such a situation. Every member of the school community with a DNR order must also have an IHCP.

Verification: (see appendix for a sample DNR order form)

- Anyone (including minors) can request a DNR order from their physician.
- The physician completes the order, and a **standardized** form is used for verification. A bracelet may also be worn.
- There is an expiration date.
- The following information is provided: name, address, gender and patient's date of birth; name, address and telephone number of physician; issue and expiration dates.

A sheet with DNR information should be included in the school medical file. It is important that the school health office and administration be aware of any DNR orders and notify EMS accordingly.

Issues for Consideration:

Be sure that the faculty and staff are given an orientation to the Comfort Care program if there is a DNR order in the school community.

Decide in advance who will declare the child's death.

How will the child be removed from the classroom?

How will the parents be notified?

How will the body be removed from the school?

[1] Information on the Comfort Care Program can be obtained from the Massachusetts Department of Public Health, Office of Emergency Medical Services, tel. (617) 783-9300.

Note: Recognizing the complex and sensitive issues surrounding DNR orders, it is strongly recommended that children with DNR orders only be placed in schools with full-time nurses. A plan should be made well in advance, with full EMS participation, and there should be recognition that the school nurse is in charge in any emergency situation involving a DNR order.

D. Forms: What Do You Need?

Each *student* and each *staff member* should have an emergency card with current information on file. These cards should be reviewed annually prior to the start of each school year and should be revised immediately when changes occur. The cards should be kept in a secure, centralized place but should be accessible to designated staff in case of emergency. They should be signed by parents or responsible adults and should include: pertinent medical history, important notification telephone numbers, and any special instructions. A letter should be sent to the school community regarding the importance of maintaining up-to-date medical files with the school.

Needed forms include:

1. Student Emergency Card
2. Parent/Guardian Release Form
3. Faculty Emergency Card
4. EMS and Hospital Information
5. Incident Reporting Forms

1. Student Emergency Card:

- Student's name and address
- Name(s) and telephone numbers (home, work) of person(s) to contact in an emergency
- Place of employment for contact person(s) (work days and hours)
- Medical and dental providers
- Any special conditions (chronic illnesses, disabilities, allergies) or specific considerations (contact lenses, hearing aids, dental prostheses, body braces and prostheses), which would require special care in an emergency
- Medications used (frequency and dosage)
- Any special instructions relating to language, culture or religious beliefs

- Statement which gives permission to the school nurse to share with designated school personnel pertinent information about student's health status
- DNR orders
- Parent/guardian signature

2. Parent Release Form: The Release Form should be attached to emergency card; it will allow the school to take action when a medical emergency occurs.

- Name and address of student
- Name of parent/guardian
- Agreement to action that will be taken
- Parent/guardian signature

E. Faculty Emergency Card:

- Name and address
- Name, address and telephone numbers (home and work) of adults (at least three) to contact
- Health insurance and identification number
- Name, address and telephone number of primary care provider, dentist, and preferred hospital
- Any chronic or acute conditions or special considerations which require special care in an emergency
- Medications used (frequency and dosage)
- Any special instructions relating to language, culture or religious beliefs
- DNR orders
- Statement which gives permission to the school nurse to share with designated school personnel pertinent information about an individual's health status that may have a bearing on health and safety
- The staff person's signature

F. EMS and Hospital Information Form

A strong link between the school and other health and emergency care providers will promote optimum response and intervention in the event of an emergency. Meet with the local EMS agency and hospitals in your school district to complete the following questions:

1. <u>EMS Information:</u>

- Name, address and non-emergency telephone number of EMS provider
- Name of a contact person
- Specific plan in place for activating EMS
- Capabilities of the service in your area (i.e. BLS, ALS)
- Point of entry hospital
- Average emergency response time to the school
- Directions to, and a plan of, your school(s) should be given to your EMS providers, both principal and backup (if appropriate)

2. <u>Local Hospital Emergency Department (ED) Information:</u>

- Name, address and telephone number of hospital(s) in the school district
- Emergency Department's telephone number
- Name of a contact person in the ED
- Type of care available
- Distance from the school
- Directions from the school

G. Who Is Responsible in an Emergency?

1. When the School Nurse is Available

Optimally there will be a school nurse on duty at the school who can respond to an emergency and provide immediate clinical intervention, delegate instruction and maintain control of the situation. When this is the case, the response protocol should answer the following questions:

- Who assesses the situation and summons the nurse?
- What will the nurse do at the scene?
- Who can assist the nurse at the scene?

- What should be done with the rest of the class?
- Who informs administration?
- What is the procedure for calling 911?
- Who will meet and direct EMS when the ambulance arrives?
- What is the procedure for notifying the parent, guardian or next of kin? Who does it, and how much information should be given out?
- How will the incident be documented?
- How will the faculty and staff be briefed?

2. When the School Nurse is Not Available

If the nurse is away from the school when an emergency occurs, school administration will need to have an alternate adult identified who can respond to the emergency, summon EMS assistance, delegate instructions and maintain control of the situation. When this is the case, the response protocol should answer the following questions:

- Who is responsible for assessing the situation and calling EMS?
- Who can assist the primary responsible person at the scene?
- What should be done with the rest of the class?
- Who informs administration?
- What is the procedure for calling 911?
- Who will meet and direct EMS when the ambulance arrives?
- What is the procedure for notifying the parent, guardian or next of kin? Who does it, and how much information should be given out?
- Who will write the incident report and inform the nurse?
- How will the faculty and staff be briefed?

H. Multi-Casualty Incidents (MCIs): Planning for Group Emergencies, Disasters and Hazardous Materials Situations

Planning for a disaster which involves a number of potential victims is an essential task for school officials and emergency providers. Experience teaches us that disasters of great magnitude often

overwhelm or invalidate the emergency plan in place. Responding to such emergencies requires a coordinated effort between the school district and emergency responders at the local and state levels.

Early planning is key to avoiding the problems and identifying resources which will affect the emergency care available to people at school. As a result, it is critical to have a plan in place at the school to deal with community disasters, such as extreme weather conditions, fires, explosions, hazardous material leakage, mass casualties and bomb scares. Included in the plans should be:

- Policies governing how a community disaster is determined
- How local authorities are contacted
- How the school should be organized and evacuated to predetermined sites
- How transportation is identified and mobilized
- How parents are notified
- How the public is notified
- How the public and the media are contained and briefed
- Policies and procedures to follow for different types of emergencies (e.g. fire, power loss, gas leak).

A significant component of an effective disaster plan is the degree of interaction between school officials and emergency responders. School plans must be coordinated and reflect the capabilities of the school and the responding agencies. In turn, each must be aware of what is expected of them in a disaster situation which involves the school.

1. Development:

A good first step in developing an effective disaster management plan is to conduct a hazard analysis to determine the kind of emergencies to which the school district is vulnerable. To accomplish this, expertise from ERT members, as well as outside agencies such as the Federal Emergency Management Agency (FEMA), the Massachusetts Emergency Management Agency (MEMA), National Safety Council, the Massachusetts Department of Public Health (MDPH), the Massachusetts Department of Education (MDOE), and members of the local public safety community should be consulted. Once the analysis is complete, the planning process can begin. Two plans should be developed to manage a disaster which involves groups of people:

2. School district emergency plan:

A district-wide plan that includes general procedures for district personnel to follow when an emergency occurs. It should incorporate state policy and information from each school within the district.

3. Building and classroom procedures:

Specific "what to do" procedures for teachers, staff and students during various emergencies. A chart should be developed that describes action taken by officials in the school in various emergencies.

Any good emergency plan needs to be periodically reviewed, tested and updated, if necessary, to remain a valid working tool during emergency situations. Activation of these plans through drills in response to potential emergencies would be followed by critique sessions to identify flaws and recommended improvements.

4. Drills:

Drills can enhance overall school emergency preparedness by working on ideas and response techniques, which have been incorporated into the school's emergency action plan. They can also be utilized as an educational tool to revise and modify the plan, correct problems and present new ideas or techniques. Everyone should be assigned a role, a position, and an area of responsibility by the ERT prior to any drill that takes place. All drills should be coordinated with emergency management agencies and local public safety agencies (EMS, police, fire) and conducted several times during the year.

Drills are a specific form of training that should be utilized to prepare and train a school to respond appropriately during an emergency. Each drill should:

- Involve different emergency scenarios which are appropriate and not terrifying.
- Focus on response rather than sensationalism.
- Be coordinated with and evaluated by local EMS providers
- Be designed to test school emergency plans for assessment, providing medical care, activation of EMS, sheltering and dismissals
- Include transportation and communication procedures
- Held with advanced notice given to parents or guardians

Drills should be a learning experience and convey the importance of everyone's role in activating and implementing an effective emergency response. Periodic drills will ensure the school's ability to effectively respond to emergencies and will reveal shortcomings of the emergency plan, which can then be revised and improved.

5. Public Information:

In any situation where normal school activities are disrupted, it is crucial for school districts to recognize their obligation to inform the public of the problem and how the district or school is responding to it. The community (e.g. parents, media) will demand information during emergencies that affect school operations, regardless of whether or not a school district is prepared to handle such inquiries. Proper planning can make the handling of these inquires go more smoothly.

The ERT should identify two people who will serve as the primary and alternate information designees for the school. Each person will be responsible for organizing information that is transmitted to the media and to parents during emergencies. These designated individuals should work from procedures and guidelines developed and incorporated into the school's emergency plan. All public information protocols should include:

- Providing correct information on what is occurring and what is being done in response.
- Establishing a public information hotline and a phone tree for school staff.
- Preventing erroneous information from being disseminated.
- Coordinating with other agencies that may be responding to the situation to ensure that the public is receiving a clear and consistent report of official information.
- Acting as a liaison between the public and school officials involved in the decision-making and operational response.
- Limiting the media to a predetermined designated area near the school.
- Organizing the school's response and maintaining a positive outlook.
- Maintaining on-going contact with the media (keep them informed).

In many instances, the school superintendent's office will handle these responsibilities, but schools must be prepared to respond on their own.

VI. Distributing and Maintaining the Emergency Plan

Once an emergency plan has been developed and implemented in the school, it is important that resources be allocated to distribute, maintain and evaluate this plan. Certain steps should be taken throughout the year to ensure that the school community is adequately prepared and aware of the emergency plan in place. Such steps are essential to providing appropriate care and will determine how the community will respond should an emergency occur.

A. Key Components of Emergency Plan Implementation:

- Approval by and distribution to all members of the ERT
- Copies to all school personnel
- An annual staff in-service on the plan and the treatment protocols for specific medical and psychological incidents and situations. This in-service should include staff responsibilities and resources and services available to the school in an emergency.
- Annual review of the plan by the ERT. The school committee, administration, and health professionals should sign and date all changes to the approved plan.
- Phone numbers of local emergency resources should be prominently displayed in the administrative office, health rooms, classrooms, labs, shops, gyms, etc.
- Regular pre-determined inspections of the entire school building should be conducted by the ERT to evaluate emergency preparedness, particularly of identified high risk areas.
- Debriefing: After any emergency has occurred, the ERT should set aside some time to investigate and review the response and care provided at the scene. This will provide an opportunity to:
    1. Make any needed changes to the specific protocols involved.
    2. Make any changes which might be necessary to prevent similar incidents from happening.
    3. Review documentation of the incident for completeness and appropriateness.
    4. Review training levels for adequacy and appropriateness of response.
- All debriefing sessions should take place the day the incident has occurred. They should involve the actual responders, representatives from the ERT and outside organizations (if necessary).

B. Incident Reporting

Record keeping and documentation are essential following every reportable school-related incident or emergency. They are also important in the settlement of insurance claims, to protect school personnel against charges of negligence, and in planning prevention programs. A reportable incident should be defined, in advance, at the school district level. The definition should be based on the best judgement of school authorities, school health professionals, community health organizations and public safety officials.

1. Content of the report:

Forms should be developed by the school to facilitate the inclusion of all necessary content:

- Name, address, telephone number and date of birth of the patient(s)
- Parent/guardian or contact person's name, address and telephone number
- Date, time and *place* of injury or illness (which classroom, corridor, etc.?)
- Brief description of injury/illness
- Activity or circumstances at time of injury/illness
- Person in charge when injury/illness happened
- A list of witnesses
- Type of treatment given at the school
- Record of transport
- Name, address and telephone number of the receiving hospital or physician
- Additional treatment given at the hospital or by the primary care physician (if known)
- Record of parents/guardian notification
- Name of person who prepared and filed the report and the date
- Names of corroborating individuals (students, teachers)

2. Filing of report:

The report should be completed by either the school nurses or, in their absence, someone who has been designated by the school nurse, preferably someone on the scene. The report should be completed and filed within 24 hours after the incident has occurred with the appropriate agencies and offices, according to school district policy. Notification of serious illness and/or injury should be made on the individual's school medical record, and a copy of the incident report included.

Incident Reports should be periodically reviewed by the school's health care providers (i.e. school nurse and school physician). If a pattern exists, additional preventive measures should be explored.

VII. Legal Issues and Insurance

A. Legal Issues

When emergency care is provided in the school, there are legal issues that must be considered. These issues not only concern the responder(s) but the school and community as well. It is important that school personnel and students, public safety officials (EMS, fire, police) and the community at large be aware of the laws governing the emergency care in the school. The emergency plan should be reviewed by the school system's legal counsel before finalized.

B. Good Samaritan Law

The purpose of this law is to encourage help in an emergency situation by protecting an individual from liability when providing care. The law states that any person who provides CPR and/or first-aid in good faith (first aid that is reasonable in the circumstances) to another individual in an emergency is protected from civil liability by the state law. *M.G.L. c. 71 s. 55A* (Appendix).

The school community should be made aware of this law to encourage participation in the emergency planning process and get the training which is necessary to provide care (first-aid/CPR) in an emergency situation. It is important that an individual never attempt procedures that go beyond their training and qualifications.

C. Privacy & Confidentiality

Better communication between health providers, parents and the school might improve the medical care available to a victim in an emergency situation, especially those with an IHCP. However, the value of increased communication must be weighed against the problem of labels and loss of confidentiality. It is important that when medical information is provided to the school that a process is in place that will ensure the information is available in an emergency, but also protects an individual's rights to privacy.

The ERT should develop a plan regarding the disclosure of medical information.

1. How much health information is needed by the school in order to be prepared.
2. Who should provide this information (parent, physician, etc.).
3. Who in the school should know and have access to such information.
4. Who outside the school should know and have access to such information.

Once a plan is put in place, it should be adhered to by everyone. Permission from the individual or family to open a confidential medical file should be required prior to the start of every school year.

D. Insurance

The issues surrounding medical insurance are important to recognize, but in an emergency situation they should not be considered a priority. Not every person or family in the school has medical insurance coverage. In these instances, the state will take on the cost of transporting the patient and providing care. For those with managed care plans, issues might arise concerning selection of health care providers.

If students or staff have insurance restrictions regarding the use of emergency medical providers, these should be noted on their emergency information cards.

For Students with No Health Insurance:

All uninsured children and teenagers in Massachusetts can get health care coverage at little or no cost. Children age 18 and under can either enroll in a program with either full coverage or primary and preventive care coverage, depending on their familiy's income. This coverage is available regardless of immigration status. There are two programs the school nurse should be aware of:

1. MassHealth (Medicaid coverage): MassHealth provides a full range of benefits, including physician's office visits, prescription drugs, dental care, counseling, and hospital care.

2. The Children's Medical Security Plan (CMSP): Children whose falmilies are not eligible for MassHealth can get a more limited insurance for primary and preventive care; hospital services are not included. Some families may have to pay a small monthly premium, depending on their income.

The school nurse can assist uninsured students by making sure that their families are aware of these available programs and their benefits.

For more information, call: MassHealth 1-800-841-2900
CMSP 1-800-909-2677

VIII. Staff "Bystander" Training and Continuing Education Program

[See Attachment B: "Emergency Education and Training in the School."]

Attachment A: **Guidelines for Emergency Planning in the Schools**

A Checklist

1. ____Meet with school administrators to discuss the need for emergency planning.
2. ____Find an ally among the school staff members. Enlist the support of that person or persons in your efforts to reach other members of the school community.
3. ____Organize an Emergency Response Team (ERT) under the leadership of the school nurse.
4. ____Invite EMS to a meeting.
5. ____Make sure that all stakeholders are included in the ERT, particularly the EMS providers.
6. ____Organize a ERT meeting and select a facilitator.
7. ____Determine priorities for emergency planning and set a course of action.
8. ____Review existing protocols and develop those that are missing. Get assistance from other ERT members.
9. ____Are parents/guardians involved in developing notification protocols?
10. ____Have you made contact with your local hospitals and EMS providers for assistance in locating resources for emergency care equipment and supplies?
11. ____Have you identified the categories of students and staff who require individual health care plans (IHCP)?
12. ____Have you developed a plan for identifying individuals within the IHCP categories?
13. ____Have IHCPs been completed?
14. ____Have you consulted with the school administration and the school physician to determine what school policies already exist for the provision of emergency care in or around the school?
15. ____Do you have a method for identifying students/staff who have verified DNR orders that preserves confidentiality?
16. ____Do you have a plan for communication within the school and from the school to the outside community in the event of an emergency.
17. ____Have you assigned someone the responsibility of communicating with the community in the event of a school-wide emergency?
18. ____Have you identified and produced the forms you need?
19. ____Are there clear directions for incident reporting?
20. ____What is your plan for periodically reviewing your emergency plan?

21. ____Have you developed a play for group emergencies, disasters, and hazardous material crises?
22. ____Do you have a plan for drills/mock codes?
23. ____Do you have a plan for training and certifying staff and other appropriate school community members and students in basic first aid and CPR?
24. ____Are privacy and confidentiality taken seriously and insured during an emergency?
25. ____Do you have a plan for assisting your uninsured students to obtain health insurance?

ATTACHMENT B: **EMERGENCY EDUCATION AND TRAINING IN THE SCHOOL**

April 1998

I. Introduction: Why Should Schools Develop a Training Program?

Ideally, all adults and students in every school should receive some training in basic first aid, cardiopulmonary resuscitation (CPR), injury prevention and personal safety in order to prepare them for emergency situations. Recently, changes have been occurring in Massachusetts which make it important to provide emergency education and training in schools and to involve the larger community in emergency readiness. There are three factors in particular which impact the school community directly and signal a need for bystanders at school, as well as the EMS community, to take a more active role in providing emergency care in the school.

1) **Increasing burden on the school nurse:** Traditionally the community has assigned school nurses the responsibility of attending to injured or ill school children, but it has become increasingly difficult for nurses to fulfill that responsibility. In many cases, one nurse is assigned the responsibility for two or more schools and is not in attendance on a full time basis to provide care at any one school. Thus, in many communities the ratio of school nurses to students is much higher than recommended and poses an increased health risk to students as well as adults in the school. As of early 1998, there were signs that the number of school nurses was finally beginning to increase in recognition and understanding of the risks children face when health services are understaffed in the schools.

2) **Increased enrollment of students with special health care needs:** Since 1975 the *Education for All Handicapped Children Act (P.L. 94-142)* has mandated that schools must meet the special needs of students with handicapping or other health-impairing conditions. As a result, an increasing number of children with special needs are being integrated into general classrooms. The presence of these students with their special needs offers new educational opportunities for both students and faculty, yet at the same time raises the risk of medical emergencies for the school community.

3) **Increase in number and severity of problems experienced by students:** At present there are serious, wide-ranging issues facing school-age children, such as violence, substance abuse, mental health problems, pregnancy and lack of primary care, all of which heighten the risk of an emergency in school, place more responsibility on the school nurse, and indicate a need for other adult staff and students to be trained to respond in the case of an emergency.

Perception vs. Reality: Many people, especially parents of school-aged children, assume that adequate emergency care is readily available to students when they need it in school. It is widely believed that teachers and staff are not only knowledgeable in first aid and CPR techniques but are also able to activate a well-prepared EMS system and administer age-appropriate treatment.

Unfortunately, this is not always the case, as reported in a recently completed survey of public schools in midwestern states. This study: a) examined the extent of training and emergency care knowledge of public school teachers; and b) assessed the frequency of injury and illness in the school setting that required the teacher's intervention.

The results of this study highlighted the difference between the perception and reality of emergency preparedness of school personnel. Some of the findings included the following: 1) 80% of the families whose children attended these schools thought teachers were already trained as part of a mandated requirement for teachers; 2) 40% of the teachers had never had CPR training, and 33% had had no specific training in first aid, despite the fact that 90% of these teachers felt emergency care training should be a requirement; and 3) 18% of the teachers had responded to over 20 incidents in a school year, and 17% had encountered at least one life threatening emergency during the

same time period. [2] Although this survey did not include Massachusetts schools, anecdotal reports indicate that these findings would probably hold true for many if not all of the Commonwealth's schools.

A similar situation exists for coaches and physical education staff. Despite the inherent risks of sports and athletic activities, a majority of coaches and other physical education instructors are not certified in first aid or CPR. Furthermore, Massachusetts has no mandated basic emergency training course for coaches or physical education teachers. As a result, according to a recent survey, only 33% of coaches or physical education teachers were trained in CPR and even fewer in first aid; about 50% of schools indicated they had licensed trainers certified in CPR and first-aid available on a regular basis.[3]

With reduced coverage by school nurses, continued mainstreaming of special needs or technology dependent children, increasing medical concerns confronting the school-age population, and ongoing risks of athletic injuries, it is very important that school staff and students have the knowledge to respond appropriately in the event of an injury or illness prior to the arrival of EMS providers. This will require a concerted effort by the school district to incorporate emergency planning as well as emergency training and education into the school curriculum on an annual and continuous basis.

II. Who Should Be Involved in Planning an Emergency Preparedness Training Program?

- The School Nurse(s)
- The School-Based Health Center Nurse Practitioner
- The School Principal and Superintendent
- Teachers and Coaches
- Students
- Parents
- EMS Providers
- Primary Care Providers
- Community Hospital Representatives
- City or Town Officials
- School Committee Representative
- Representative of the School Health Advisory Committee (mandated committee in DOE-funded schools)
- Police and Fire Service Representatives
- Transportation Coordinator

[2] Gagliardi M, Neighbors M, Spears C, Byrd S, Snarr J, "Emergencies in the school setting: Are public school teachers adequately trained to respond?," *Prehospital and Disaster Medicine* 1994; 222-225
[3] Tye, Larry, "Injured at an Early Age," Boston *Globe*, 9/30/97, pp. 18-19.

III. Who Should Be Trained?

- School Nurses
- School-Based Health Center Nurse Practitioners and Health Assistants
- School Physicians
- Teachers, Teacher's Aides
- Crisis Intervention Counselors
- Administrators
- Administrative Support Staff
- Coaches, Physical Education Staff
- Custodians, Maintenance Workers
- Food Service Employees
- Security Personnel
- Bus Drivers
- Students
- Other School Personnel (who interact with students on a daily basis)

IV. What Should a Training Program Include?

Who Should Be Trained?	What Skills Do They Need?
• School Nurses • School-Based Health Center Nurse Practitioners • Health Assistants • School Physicians	<u>Safety and Emergency Prevention</u> 1. Collaboration with EMS on injury prevention 2. Case management for high risk populations 3. Counseling skills to manage high risk behavior 4. Identification of hazards in school <u>Emergency Management</u> 1. Protocol development 2. Assessment and triage 3. Universal precautions 4. Record-keeping 5. Hazardous materials management 6. Working knowledge of Incident Command System (ICS) <u>Disaster/Mass Casualty Incidents</u> 1. Mandated Fire and Disaster Drills 2. Communication with local and state emergency responders 3. Assessment/triage of multiple victims 4. Protocol development 5. Recording and Reporting

Who Should Be Trained?	What Skills Do They Need?
• Teachers, Teacher's Aides • Crisis Intervention Counselors • Administrators • Administrative Support Staff • Custodians, Maintenance Workers • Food Service Workers • Security Personnel • Other School Personnel	1. Recognizing an emergency 2. Assessing the victim 3. Deciding when to initiate the school emergency plan 4. Deciding when to contact EMS 5. Preventing further injuries 6. CPR, first aid 7. Universal precautions
• Coaches, Physical Education Staff	1. Sports injury prevention 2. Recognizing an emergency 3. Assessing the victim 4. Deciding when to initiate school emergency plan 5. Deciding when to contact EMS 6. CPR, first aid 7. Universal precautions
• Bus Drivers	1. Safety and emergency prevention 2. Recognizing an emergency 3. Assessing the victim 4. Deciding when to contact EMS 5. CPR, first aid 6. Universal precautions
• Students-Grades K-2 • Students-Grades 3-5 • Students-Grades 6-8 • Students-High School	Calling EMS, scene safety, control of bleeding, universal precautions Opening the airway, Heimlich Maneuver, universal precautions Early heart attack care, rescue breathing, universal precautions CPR/basic first aid; participation in development of school emergency plan

V. Which programs teach these skills? (See Appendix 1 for a list of training resources.)

Who Should Be Trained?	What Skills Do They Need?	Which Programs Teach This?[4]
• School Nurses • School-Based Health Center Nurse Practitioners • Health Assistants • School Physicians	1. Safety/Emergency Prevention 2. Emergency Management 3. Disaster/Mass Casualty Incidents	1. School Health Institute 2. Local EMS, School Health Institute Programs, Community First Aid (ARC), Standard First Aid (ARC), Professional Rescuer CPR (ARC), Healthcare Provider CPR (AHA) 3. MEMA
• Teachers, Teacher's Aides • Crisis Intervention Counselors • Administrators • Administrative Support Staff • Custodians, Maintenance Workers • Food Service Personnel • Security Personnel • Other School Personnel	1. Recognizing an emergency 2. Assessing the victim 3. Deciding when to initiate school emergency plan 4. Knowing when to call EMS 5. Preventing further injuries 6. CPR, first aid 7. Universal precautions	1.&2. Local EMS, Community First Aid (ARC), Standard First Aid (ARC), Adult CPR (ARC), Infant-Child CPR (ARC), Basic First Aid & Adult CPR (National Safety Council - NSC), Heart Saver-Adult CPR (AHA), Pediatric CPR (AHA) 3. School orientation 4.-7. Local EMS, Community First Aid (ARC), Standard First Aid (ARC), Adult CPR (ARC), Infant-Child CPR (ARC)Basic First Aid & Adult CPR (National Safety Council - NSC), Heart Saver-Adult CPR (AHA), Pediatric CPR (AHA)
• Coaches, Physical Education Staff	1. Sports injury prevention 2. Recognizing an emergency 3. Assessing the victim 4. Deciding when to initiate school emergency plan 5. Knowing when to call EMS 6. CPR, first aid 7. Universal precautions	1.-7. Local, EMS, Coaches Education Program (Mass. Interscholastic Athletic Assoc.), Sport Safety Training (ARC), Community First Aid (ARC), Standard First Aid (ARC), Adult CPR (ARC), Infant-Child CPR (ARC)Basic First Aid & Adult CPR (National Safety Council - NSC), Heart Saver-Adult CPR (AHA), Pediatric CPR (AHA)

[4] See Appendix for further information on programs listed here.

Who Should Be Trained?	What Skills Do They Need?	Which Programs Teach This?[5]
• Bus Drivers	1. Safety and emergency prevention 2. Recognizing an emergency 3. Assessing the victim 4. Deciding when to initiate school emergency plan 5. Knowing when to call EMS 6. CPR, first aid 7. Universal precautions	1.-7. Local EMS, Community First Aid (ARC), Standard First Aid (ARC), Adult CPR (ARC), Infant-Child CPR (ARC)Basic First Aid & Adult CPR (National Safety Council - NSC), Heart Saver-Adult CPR (AHA), Pediatric CPR (AHA)
• Students-Grades K-2	Calling EMS, scene Community First Aid (ARC), safety, control of bleeding, universal precautions	Save a Life for Kids (Save a Life Foundation)
• Students-Grades 3-5	Opening the airway, Heimlich Maneuver, universal precautions	Save a Life for Kids (Save a Life Foundation)
• Students-Grades 6-8	Early heart attack care, rescue breathing, universal precautions	Save a Life for Kids (Save a Life Foundation)
• Students-High School	CPR/basic first aid, universal precautions, participation in development of school emergency plan	Bystander Basics (Save a Life Foundation), Community First Aid (ARC), Standard First Aid (ARC), Adult CPR (ARC), Infant-Child CPR (ARC)Basic First Aid & Adult CPR (National Safety Council - NSC), Heart Saver-Adult CPR (AHA), Pediatric CPR (AHA)

V. How Do We Get Started? (See checklist in Appendix 2.)

A. What are the needs?

- Hand out a questionnaire to all staff and students to assess skill levels and certification dates, as well as levels of interest.
- Compile a list of those school faculty, staff members and students who have been trained and are currently certified in first aid and/or CPR from a nationally or locally recognized organization like the American Heart Association (AHA) or the American Red Cross (ARC).
- Set priorities as to what kinds of training are most needed (CPR? First Aid? Emergency Recognition?) and who in the school community should get the training first.
- Don't forget the need to:
  Keep recertifications up to date;
  Keep skills fresh through continuing education programs.

[5] See Appendix for further information on programs listed here.

B. How will the schools pay for this?

- It will be easier to find funding if a variety of community services and town officials are represented on the planning committee.
- There are organizations that might be willing to provide some financial support for emergency training: EMS, community hospitals, Kiwanis, Rotary, Lions Club, etc.

C. What training programs should be used?

- Local EMS can either provide training or assist with training programs
- Cardio-Pulmonary Resuscitation (CPR): AHA, ARC
- First Aid: AHA, ARC, National Safety Council
- Bystander Training
- Trainings developed for specific professional groups, e.g. nurses, coaches, bus drivers, children

D. Who will teach the courses?

- EMS providers might be willing to train staff and students at little or no charge.
- Community hospitals frequently have free public education courses included in their community outreach programs.
- AHA, ARC and other programs can provide instructors.
- Consideration should be given to the value of developing a Train the Trainers program.

VI. Incentives: It may be advisable to offer incentives to encourage individuals to instruct, attend and participate in emergency care training programs.

- Offer continuing education units (CEUs) and professional development points (PDPs).
- Under the 1993 Massachusetts Education Reform Act, school nurses and other health professionals are eligible for triple credits towards recertification in return for conducting emergency care courses in the school.
- Consider making CPR a prerequisite to graduation at high school level.
- Consider days off, increase in pay, reimbursement.
- Promote awareness of laws protecting bystanders who provide emergency care.

VII. How Do We Evaluate What We're Doing?

- Make sure each training is evaluated by participants upon completion.
- Arrange for mock codes or fire/disaster drills to assess maintenance of skill levels. EMS should participate in any planned code or drill.

Appendix 1
TRAINING RESOURCES

The following is a list and brief description of available courses in emergency preparedness, arranged alphabetically by sponsoring agency. This list is not meant to exhaust all the possibilities; there may be other training materials or courses available that we are not yet aware of, so ask around! We did not list costs, because they change and because each course may have a range of fees, depending on the size of the group that wants training, the budget of the sponsoring agency, etc.

1. **American Heart Association:** These courses are standard and widely available across the state. Local chapters should be contacted for more information.

a. Heart Saver (Adult CPR). This is a 2 hour course designed to teach CPR to the general public. It includes adult CPR, healthy heart information, signs and symptoms of heart attack and stroke, choke saving skills and contacting EMS. Certificates are valid for 2 years.

b. Pediatric CPR Training. This is a 4 hour course designed to teach CPR to the general public. It includes infant and child CPR, choke saving skills, prevention of childhood injuries, healthy heart information and contacting EMS. Certificates are valid for 2 years.

c. Health Care Provider CPR Training. This is a 6-8 hour course designed to teach basic and advanced CPR techniques to health care professionals. It includes infant, child and adult CPR, 2-person CPR, prevention and recognition skills and other related topics. Certificates are valid for 2 years.

2. **American Red Cross:** These courses are standard and widely available across the state. Local chapters should be contacted for more information.

a. Community First Aid. This is a 7.5 hour course designed to teach prevention, emergency recognition and response, triage, and basic first aid treatment for an infant, child or adult. It also includes adult CPR. First aid treatment includes airway intervention, profuse bleeding control, anaphylaxis, fractures and sprains, choking and burns. Certificates are valid for 3 years.

b. Standard First Aid. This is a 4 hour course designed to teach the same life-saving skills as Community First Aid but does not include adult CPR. Certificates are valid for 3 years.

c. Adult CPR. This is a 4 hour course designed to teach CPR to the general public. It includes adult CPR, heart disease prevention materials, signs and symptoms of heart attack and stroke, choke saving skills, and contacting EMS. Certificate are valid for 1 year; there is a 2 hour recertification course designed to maintain and enhance skills for people who have already completed adult CPR.

d. Infant/Child CPR. This is a 6 hour course designed to teach CPR to the general public. It includes infant and child CPR, choke saving skills, and contacting EMS. Certificate are valid for 1 year; there is a 2 hour recertification course designed to maintain and enhance skills for people who have already completed infant/child CPR.

e. Professional Rescuer CPR. This is an 11.5 hour course designed to teach basic and advanced CPR skills to health care professionals. It includes infant, child and adult CPR, two-person CPR, prevention and recognition of heart attack, and other related provider skills. Certificates are valid for 1 year, and their is a 4 hour recertification course designed to maintain and enhance the skills of those providers who have already taken the Professional Rescuer CPR course.

f. Sport Safety Training. This is a 6.5 hour course for athletic staff that enables coaches to prevent, prepare for, and respond appropriately to sports-related injuries. Course material includes injury prevention, basic first aid, adult CPR and child CPR.

3. **Massachusetts Interscholastic Athletic Association:**

Coaches' Education Program. This is an 8 hour program designed to educate and train school based coaches to work with student athletes. The course includes injury prevention, basic first aid and emergency management but *not* CPR training. The aim of the course is to increase emergency awareness and understanding within the context of athletic activity. The course does not certify coaches and is not mandatory.

4. **National Safety Council:** This organization provides emergency training for the workplace, based on standards established by the Occupational Safety and Health Administration (OSHA). One training program is offerred, consisting of two 4 hour segments:

a. Basic First Aid. This is a 4 hour segment designed to train individuals to treat adult victims in the workplace. Certificates are valid for 3 years.

b. Adult CPR. This is a second 4 hour segment designed to teach CPR to the general public. It includes adult CPR, heart attack and stroke prevention, signs and symptoms of heart attack and stroke, and contacting EMS. Certificates are valid for 1 year.

5. **Save a Life Foundation:**

a. Save a Life for Kids. This is a 1 hour course that teaches injury prevention, scene safety, emergency recognition and basic first aid. The material is designed for elementary and junior high students, and the skills taught are age-appropriate. This is not a certification course.

b. Bystander Basics. This is a 1 hour course for students age 13 and older that is designed to teach injury prevention, emergency recognition, triage, advanced first aid skills and CPR. The material is intended for high school students. This is not a certification course.

6. **Massachusetts Emergency Management Agency (MEMA):**

7. **UMass-Simmons School Health Institute:** This statewide program offers school nurses a variety of workshops designed to improve the delivery of health care services in the school community. Topics include clinical assessment and care, emergency protocols, emergency management, and safety and injury prevention. School nurses who complete these courses are eligible to receive Professional Development Points or certifications, if applicable. Contact the School Health Unit in the Mass. Department of Public Health at (617) 624-5471 or the UMass-Simmons Health Institute at the following numbers:

Dr. M. Christine King, RN	UMass/Amherst	(413) 545-0066
Dr. Josephine Ryan, RN	UMass/Amherst	(413) 545-0066
Dr. Brenda Millette, RN	UMass/Amherst	(413) 545-0066
Dr. Janet B. Douglass, RN	UMass/Lowell	(978) 934-4422
Dr. Patricia N. Rissmiller, RN	Simmons College/Boston	(617) 521-2133

Appendix 2
Training Program Checklist

1.____ Is the development of a training program part of an overall, ongoing effort to develop and maintain a school emergency plan?

2.____ Are all members of the school's Emergency Response Team (ERT) agreed on the need for more bystander/first responder training in your school?

3.____ Do you have a list of all school personnel who have completed first aid and CPR training and have up-to-date certification? Do you have this information for the following groups?

____ Coaches and physical education staff

____ Teachers

____ Administrators

____ Counselors

____ Security Personnel

____ Maintenance Personnel

____ Food Service Personnel

____ School Bus Drivers

____ High School Students

4.____ Has the ERT developed priorities for training?

____ Short-term

____ Long-term

5.____ Have training courses been chosen?

6.____ Has a budget been drawn up based on:

- priorities?
- choice of training programs?
- projected costs for each program?

7.____ Have funding possibilities been identified?

8.____ Have your EMS providers been included in the planning?

9.____ Have the trainings been planned with regard to

- location?
- instructors?
- incentives for participants?
- response?

10.____ Is their a mechanism for an evaluation of each course by planners as well as participants